

# Alpha-1-Fetoprotein (AFP)

Concentrated and Prediluted Polyclonal Antibody  
902-028-090619

**BIOCARE**  
M E D I C A L

<b>Catalog Number:</b>	<b>ACR 028 A</b>	<b>APR 028 AA</b>
<b>Description:</b>	0.1 mL, conc.	6.0 mL, RTU
<b>Dilution:</b>	1:100	Ready-to-use
<b>Diluent:</b>	Da Vinci Green	N/A

## Intended Use:

For Research Use Only. Not for use in diagnostic procedures.

## Summary and Explanation:

Alpha-1-fetoprotein (AFP) overexpression is commonly associated with hepatocellular carcinomas (HCC) and germ cell tumors, specifically yolk sac tumors (1,2). Elevated AFP is associated with oncogenic effects, and may be a useful predictor of survival, more advanced stage, and metastasis (3). Decrease in AFP levels have been shown to be predictive of response to oxaliplatin-based chemotherapy and survival (4). Alpha-1-fetoprotein (AFP) antibody reacts with AFP expressed in HCC, germ cell tumors, as well as extrahepatic tumors (5-7).

## Principle of Procedure:

Antigen detection in tissues and cells is a multi-step immunohistochemical process. The initial step binds the primary antibody to its specific epitope. After labeling the antigen with a primary antibody, an enzyme labeled polymer is added to bind to the primary antibody. The detection of the bound antibody is evidenced by a colorimetric reaction.

**Source:** Rabbit polyclonal

**Species Reactivity:** Human; others not tested

**Clone:** N/A

**Isotype:** N/A

**Protein Concentration:** Lot specific Ig concentration is not available.

**Epitope/Antigen:** AFP

**Cellular Localization:** Cytoplasmic

**Positive Tissue Control:** Hepatocytes of fetal liver or hepatoma

**Known Applications:**

Immunohistochemistry (formalin-fixed paraffin-embedded tissues)

**Supplied As:** Buffer with protein carrier and preservative

**Storage and Stability:**

Store at 2°C to 8°C. The product is stable to the expiration date printed on the label, when stored under these conditions. Do not use after expiration date. Diluted reagents should be used promptly; any remaining reagent should be stored at 2°C to 8°C.

## Staining Protocol Recommendations (intelliPATH FLX® and manual use):

**Peroxide Block:** Block for 5 minutes with Peroxidized 1.

**Pretreatment:** Perform heat retrieval using Diva or Reveal Decloaker. Refer to the Diva or Reveal Decloaker data sheet for specific instructions.

**Protein Block (Optional):** Incubate for 5-10 minutes at RT with Background Punisher.

**Primary Antibody:** Incubate for 30 minutes at RT.

**Probe:** N/A

**Polymer:** Incubate for 30 minutes at RT with a secondary-conjugated polymer.

**Chromogen:** Incubate for 5 minutes at RT with Biocare's DAB – OR – Incubate for 5-7 minutes at RT with Warp Red.

**Counterstain:**

Counterstain with hematoxylin. Rinse with deionized water. Apply Tacha's Bluing Solution for 1 minute. Rinse with deionized water.

**Technical Note:**

This antibody, for intelliPATH FLX and manual use, has been standardized with MACH 4 detection system. Use TBS for washing steps.

## Limitations:

This product is provided for Research Use Only (RUO) and is not for use in diagnostic procedures. Suitability for specific applications may vary and it is the responsibility of the end user to determine the appropriate application for its use.

## Precautions:

1. This antibody contains less than 0.1% sodium azide. Concentrations less than 0.1% are not reportable hazardous materials according to U.S. 29 CFR 1910.1200, OSHA Hazard communication and EC Directive 91/155/EC. Sodium azide (NaN<sub>3</sub>) used as a preservative is toxic if ingested. Sodium azide may react with lead and copper plumbing to form highly explosive metal azides. Upon disposal, flush with large volumes of water to prevent azide build-up in plumbing. (Center for Disease Control, 1976, National Institute of Occupational Safety and Health, 1976) (8)

2. Specimens, before and after fixation, and all materials exposed to them should be handled as if capable of transmitting infection and disposed of with proper precautions. Never pipette reagents by mouth and avoid contacting the skin and mucous membranes with reagents and specimens. If reagents or specimens come into contact with sensitive areas, wash with copious amounts of water. (9)

3. Microbial contamination of reagents may result in an increase in nonspecific staining.

4. Incubation times or temperatures other than those specified may give erroneous results. The user must validate any such change.

5. Do not use reagent after the expiration date printed on the vial.

6. The SDS is available upon request and is located at <http://biocare.net>.

## Technical Support:

Contact Biocare's Technical Support at 1-800-542-2002 for questions regarding this product.

## References:

1. Sauzay C, *et al.* Alpha-foetoprotein (AFP): A multi-purpose marker in hepatocellular carcinoma. *Clin Chim Acta.* 2016 Dec 1;463:39-44.
2. Samaratunga H, *et al.* Alpha-fetoprotein-producing carcinoma of the renal pelvis exhibiting hepatoid and urothelial differentiation. *Anticancer Res.* 2012 Nov;32(11):4987-91.
3. Bai DS, *et al.* The prognostic correlation of AFP level at diagnosis with pathological grade, progression, and survival of patients with hepatocellular carcinoma. *Sci Rep.* 2017 Oct 9;7(1):12870.
4. Chou WC, *et al.* Changes in serum  $\alpha$ -fetoprotein level predicts treatment response and survival in hepatocellular carcinoma patients and literature review. *J Formos Med Assoc.* 2018 Feb;117(2):153-163.
5. Friemel J, *et al.* Intratumor heterogeneity in hepatocellular carcinoma. *Clin Cancer Res.* 2015 Apr 15;21(8):1951-61.
6. Caruso RA. Hepatoid gastric adenocarcinoma. A histological and immunohistochemical study of a case. *Eur J Basic Appl Histochem.* 1991;35(2):203-9.
7. Scheithauer W, Chott A, Knoflach P. Alpha-fetoprotein-positive adenocarcinoma of the pancreas. *Int J Pancreatol.* 1989 Feb;4(1):99-103.
8. Center for Disease Control Manual. Guide: Safety Management, NO. CDC-22, Atlanta, GA. April 30, 1976 "Decontamination of Laboratory Sink Drains to Remove Azide Salts."
9. Clinical and Laboratory Standards Institute (CLSI). Protection of Laboratory Workers from Occupationally Acquired Infections; Approved Guideline-Fourth Edition CLSI document M29-A4 Wayne, PA 2014.



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